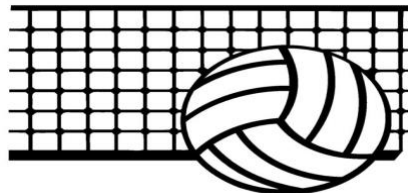


**MR.B'S**  
**"FRIDAY NIGHTS"**  
**VOLLEYBALL CLINIC/LEAGUE PLAY**  
**SPONSORED BY THE WATCHUNG RECREATION DEPARTMENT**



**Where:** Valley View Middle School  
**For:** Boys/Girls in 5<sup>th</sup> through 9<sup>th</sup> grade from the sending district  
**When:** Friday Evenings (Specific dates below)  
May 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup>, 29<sup>th</sup>  
June 5<sup>th</sup>, 12<sup>th</sup>  
**Time:** 6:00 PM TO 8:30 PM  
**Fee:** \$200 (6 TOTAL SESSIONS)

This clinic will focus on teaching the fundamental skills and concepts of volleyball through various games and competitions. Athletes will be split into groups based on both age and skill level to give the best experience to each and every participant. Our goal is to improve knowledge of the skills and provide multiple quality repetitions to improve the athlete's confidence on the court.

**Skills to be taught:** Underhand serve, overhand serve, forearm pass, set, spike, dink, push, free ball, game strategy, and proper positioning.

**Games to be played:** 1 vs 1, 2 vs 2, Pyramid Play, Mad Hatter, Royal Court, Coke Point Tournament, Round Robin, and more.

**Camp Director:** Matt Buglovsky—WHRHS Men's and Women's Freshman Volleyball Coach

**Coaches:** Current players (Boys/Girls) on the WHRHS Volleyball Team

*REGISTRATION TO BE FILLED OUT ON BACK*

## CLINIC REGISTRATION

Name\_\_\_\_\_

Emergency Contact\_\_\_\_\_

Address\_\_\_\_\_

Email\_\_\_\_\_

**CHECKS PAYABLE TO WATCHUNG RECREATION. EMAIL  
MR. B AT MRBSSPORTSCAMPS@YAHOO.COM TO LET HIM  
KNOW YOU PLAN ON ATTENDING OR WITH ANY  
QUESTIONS. PLEASE BRING THE REGISTRATION/PAYMENT  
WITH YOU ON THE FIRST DAY OF THE CLINIC.**

.....  
Health Certification Statement: I hereby certify that my son/daughter is in good physical health and may participate in all camp athletic activities.

Parents Signature\_\_\_\_\_Date\_\_\_\_\_

This permission also constitutes release of liability on the part of the Borough of Watchung /Watchung Recreation and Mr. B's Sports Camps and staff/or any of their employees for any accident, injury or any damage or loss incurred during this activity or any part of this program. Furthermore, my signature authorizes the camp staff to act using their best judgment in any emergency requiring medical attention.

**I hereby give my child permission to participate in this program**